

Roster Program

Roster User - Follow-Up Questionnaire

The U.S. Institute for Environmental Conflict Resolution evaluates all of its projects and cases. The U.S. Institute requests your assistance with the evaluation of the Roster Program. Your responses will be part of the U.S. Institute's ongoing evaluation effort, and the data compiled will provide much-needed information that will be used to improve our programs and services. The average estimated reporting burden for this questionnaire is 4 minutes. This estimate includes time for reviewing the instructions, gathering the data needed, completing, and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Institute. Our tracking system will identify who has responded. Information from this evaluation will not be reported in a way that individuals or organizations can be identified. Moreover, the identity of individual respondents will be kept confidential and will not be disclosed. The Office of Management and Budget control number that is displayed on the cover is currently valid and authorizes this collection of information.

1. Was a practitioner selected for this case?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
	<i>Please tell us the reason(s) why a practitioner was <u>not selected</u>:</i> _____ _____ (SKIP TO QUESTION 5)

2. Was the selected practitioner on the list you received from your roster search?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

3. Who was selected? Please provide the following information about the practitioners you selected:

Name	Contact Information (e.g., mailing address, telephone number, e-mail)
a. _____	_____
b. _____	_____
c. _____	_____

4. Why was this person(s) selected?

<input type="checkbox"/>	Experience
<input type="checkbox"/>	Acceptable to all parties
<input type="checkbox"/>	Familiarity with local culture
<input type="checkbox"/>	Costs, please specify: _____
<input type="checkbox"/>	Other, please specify: _____

5. Do you have any additional comments that you would like to provide?

Thank you for taking the time to complete this questionnaire. Your assistance in providing this information is very much appreciated. Please return your completed questionnaire in the enclosed envelope to the Program Evaluation Coordinator:



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Telephone: 520.670.5299 Fax: 520.670.5530
Website: www.ecr.gov

PERSONS WITH DISABILITIES WHO REQUIRE ALTERNATIVE MEANS FOR COMMUNICATION OF PROGRAM EVALUATION INFORMATION SHOULD CONTACT THE U.S. INSTITUTE AT (520) 670-5658.